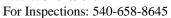
Department of Public Works 1300 Courthouse Road

PO Box 339

Stafford, Virginia 22555-0339 Phone: 540-658-8650

Phone: 540-658-8650 Fax: 540-658-4598 Metro: 540-690-8222





Received By
Date
No Delinquent R/E Taxes Due By
A/P

## **Zoning Permit Application**Sign

SITE LOCATION:	APPLICANT INFORMATION:
Address:	Contractor/Company:
Bld:	Address:
CURRENT OWNER INFORMATION:           Name:	TOTAL SQUARE FEET OF SIGN  DESCRIPTION OF WORK: (MANDATORY)
TYPE OF WORK: Sign  VALUATION: \$	
Total Value of Improvement	

## SIGN PERMIT PLEASE FILL IN ALL INFORMATION BELOW THAT APPLIES TO THIS PERMIT

TYPE:	Wall	Free-standing (Monun	nent) 🗌 P	rojecting 🔲	Roof		
USE:	□Business	☐Business ☐General Advertising ☐Temp. Event ☐Subdivision					
	_	e	Directional	Home Oo	ecupation		
ELECT	RIC: Meter II	luminated <b>LOCAT</b> I	<b>ON:</b> On-P	remise O	wner Affidavit		
FRONTAGE: Street		(lineal ft.) Building(lineal ft.)		ıl ft.)			
	LS OF PROPOSED	SIGN:					
	Size	_ Sign Area	(sq.ft.)	Qty	ty Height		
DETAIL	LS OF EXISTING SI	GN(S):				_	
	Type Type Type	Size	Qty	Height	(ft.) (ft.) (ft.)		
VARIAI	NCE RECEIVED:	Yes No If ye	s, Case #	Date Ap	proved		
complete with whe	e & correct. All provision ether specified herein of or cancel the provisions	uthority of the owner to ons of laws and ordinar or not. The granting of a s of any other state or l	nces governing a permit does i	this type of wo	ork will be compl give authority to	)	
(Please	e print name)		Owner	Contrac	ctor Legal	Rep.	
(Signat	cure)						

~ Permit Will Not Be Issued Until All Fees Are Paid~